

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7017

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 369 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Richmond Heights</b> <b>1505</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>101 Lake Forest</b>		d. STREET ADDRESS (If rural, give location) <b>101 Lake Forest</b>	
3. NAME OF DECEASED a. (First) <b>Alvin</b>		b. (Middle) <b>J.</b>	
c. (Last) <b>Kroemeke</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>February 10, 1950</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>January 7, 1891</b>
9. AGE (In years last birthday) <b>59</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Store</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Kroemeke</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Schwill</b>	
14. NAME OF HUSBAND OR WIFE <b>Edna Kroemeke</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>	
16. SOCIAL SECURITY NO. <b>499-28-6755</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Edna Kroemeke - 101 Lake Forest</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Paroxysmal angina</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>none</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis, Missouri</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>none</b>		22. I hereby certify that I attended the deceased from <b>Sept 15, 1946</b> , to <b>2-10, 1950</b> , that I last saw the deceased alive on <b>2-10, 1950</b> , and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Dr. F. Hermann</b>		23b. ADDRESS <b>2739 N. Grand</b>	
23c. DATE SIGNED <b>2-13-50</b>		24. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-14-50</b>	
24c. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Math Hermann &amp; Son, Inc. 2161 E. Fair Ave.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 14 1950</b>		REGISTRAR'S SIGNATURE <b>Robert J. Shanks</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 12 1950

MAR 19 1950

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Wilford G. Beasley*

Licensed Embalmer No.

*4202*

P. O. Address

*St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.